

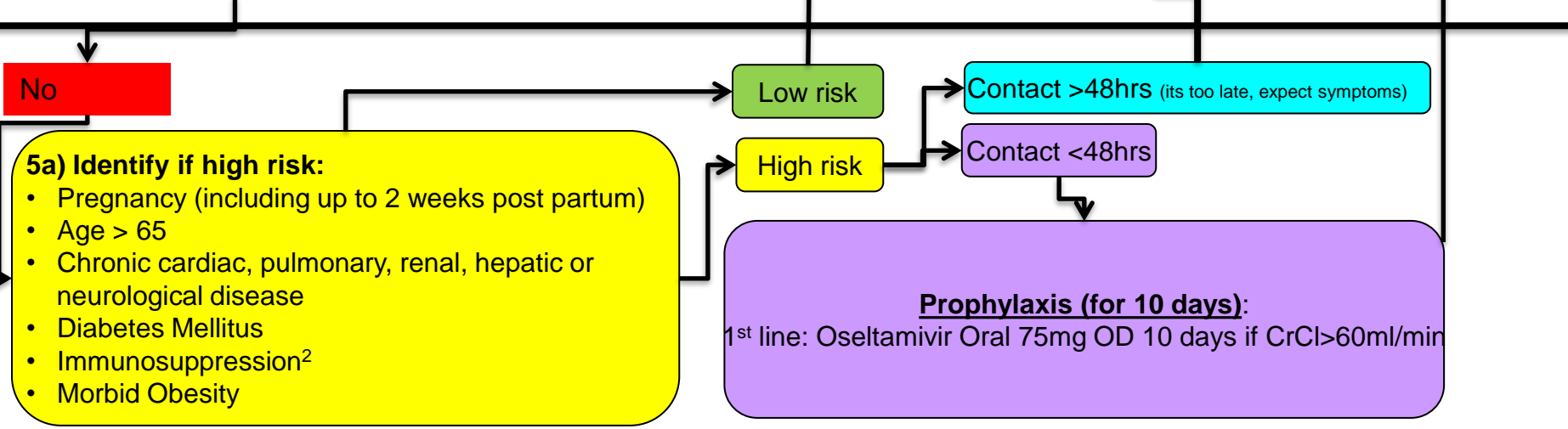
5 Steps to be taken following a confirmed diagnosis of Influenza A or B

1. Place patient in isolation (see isolation guidelines)¹
2. Ensure medical team considering antiviral therapy for index patient
3. Trace 'significant contacts':
Patients +/- or staff in close contact and not wearing a mask whilst index patient symptomatic AND significant contact eg. patients in bed spaces immediately adjacent to the patient if not in side room or face to face contact

4. Document exposure in contacts' notes

5. Determine if contact vaccinated

Observe contacts for symptoms
Isolate/swab/treat as appropriate if symptoms develop



All cases of Influenza

Only high risk

¹Respiratory infection control precautions to include fluid repellent surgical mask, gloves, aprons If exposure to blood and body fluids likely and handwashing. FFP3 mask worn for aerosol-generating procedures.
Patient should be isolated in a side-room or cubicle, or nursed within cohort bay.

²Severely immunosuppressed – see criteria defined on next slide (taken from PHE guidance on antiviral agents for the treatment and prophylaxis of influenza)

If in doubt, contact the Infection Prevention and Control Team ext 88210 or on call Microbiologist through switchboard

Severe immunosuppression

Defined as

- Severe primary immunodeficiency.
- Current or recent (within 6 months) chemotherapy or radiotherapy for malignancy.
- Solid organ transplant recipients on immunosuppressive therapy.
- Bone marrow transplant recipients currently receiving immunosuppressive treatment, or who received it within the last 12 months (longer with graft versus host disease).
- Patients currently receiving high dose systemic corticosteroids (equivalent to ≥ 40 mg prednisolone per day for ≥ 1 week in an adult or ≥ 2 mg/kg/day for ≥ 1 week in a child), and for at least 3 months after treatment has stopped.
- Patients currently or recently (within 6 months) on other types of immunosuppressive therapy.
- HIV infected patients with severe immunosuppression (CD4 $< 200/\mu\text{l}$ or $< 15\%$ of total lymphocytes in an adult or child over five; CD4 $< 500/\mu\text{l}$ or $< 15\%$ of total lymphocytes in a child ages one to five; expert clinical opinion in a child under aged one).

PHE guidance on use of antiviral agents for the treatment and prophylaxis of influenza. PHE October 2017.